



Application Serial No. 09/382,141

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ferguson et al.  
Title: SYSTEM AND METHOD OF  
DETERMINING A  
KNOWLEDGE  
MANAGEMENT SOLUTION

Appl. No.: 09/382,141

Filing Date: 08/24/1999

Examiner: Colon, Catherine M.

Art Unit: 3623

Atty. Docket No.: 026167-0616

Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

**CERTIFICATE OF EXPRESS MAILING**  
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

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Scott D. Anderson  
(Printed Name)  
*Scott D. Anderson*  
(Signature)

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**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated September 9, 2003, and the Advisory Action dated , of the Examiner finally rejecting Claims 32-73.

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ X ] Notice of Appeal Fee

[ X ] To be paid as detailed below:

03/12/2004 BABRAHA1 00000109 09382141  
01 FC:1401 330.00 OP

03/12/2004 BABRAHA1 00000109 09382141  
02 FC:1253 950.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>		Notice of Appeal Fee	\$330.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:		\$950.00
<input type="checkbox"/>	Extension:		\$0.00
	FEE TOTAL:		\$1280.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$1280.00

- ☒ Check number 13774 in the amount of \$1280.00 in payment of Notice of Appeal Fee and 3 month Extension of Time is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

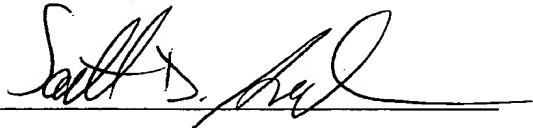
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

3/9/04

By



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